

STATEMENT OF ORGANIZATION

(See reverse side for Instructions)

| | | | |
|---|--|---|---|
| 1. (a) NAME OF COMMITTEE IN FULL Koch Industries, Inc. Political Action Committee (KOCHPAC) | | (Check if name is changed) <input type="checkbox"/> | 2. DATE 2/14/97 |
| (b) Number and Street Address 1450 G St., NW Suite 445 | | (Check if address is changed) <input checked="" type="checkbox"/> | 3. FEID IDENTIFICATION NUMBER C00236489 |
| (c) City, State and ZIP Code Washington, DC 20005 | | 4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

| | | | |
|-------------------|-----------------------------|---------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|

- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

| Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|--|--|------------------|
| Koch Industries, Inc. | 4111 East 37th Street North Wichita, KS 67220 | Connected |

Type of Connected Organization

Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

Kimberlyrennee Kehoe 1450 G St., NW Wash, DC 20005 KOCHPAC Manager

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name

Mailing Address

Title or Position

**Kimberlyrennee Kehoe 1450 G St., NW Suite 445
Washington, DC 20005****KOCHPAC Manager**

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address and ZIP Code

Intrust Bank**Box One Wichita, KS 67201**

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

Kimberlyrennee Kehoe*Kimberlyrennee Kehoe***2/14/97**NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission
Toll-free 800-424-9500
Local 202-236-3120

FEC FORM 1
(revised 4/87)